## TEXAS DEPARTMENT OF LICENSING AND REGULATION PO Box 12157 Austin, Texas 78711-2157

(800) 803-9202 ● (512) 463-6599 ● FAX (512) 475-2871 www.tdlr.texas.gov ● cs.cosmetologists@tdlr.texas.gov

## COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST INSTRUCTIONS

You must apply for a new salon license if:

- · your salon changes location; or
- there is a change in owners.

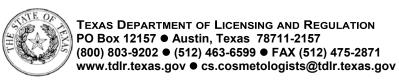
## DOCUMENTS SUBMITTED WITH YOU APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CASHIER'S CHECK OR MONEY ORDER.

- 1. <u>NAME</u> Write your name as it appears on your cosmetology license if you are making changes or requesting a duplicate of an individual license. For example, a cosmetology operator, manicurist, or esthetician.
- SOCIAL SECURITY NUMBER Social security number disclosure is required by Section 231.302(1) of the Texas
  Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized
  to assist in the collection of child support payments. For more information regarding child support payments, contact
  the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014.

- DATE OF BIRTH Write your birthdate.
- COSMETOLOGY OR SALON LICENSE NUMBER

   Write your complete license number as it appears on your individual or cosmetology salon license.
- SALON NAME Write the name of your salon as it appears on your salon license, if you are making changes or requesting a duplicate of your salon license.
- NOTIFICATION OF CHANGE ONLY Check the appropriate box to make changes to your name or contact information, such as your telephone number, mailing address, or email address.
- 7. <u>DUPLICATE LICENSE REQUEST</u> Check the appropriate box if you want a duplicate of your cosmetology license. If your individual name or salon name has changed, you must include the \$25 fee for each duplicate.
- CHECK LICENSE TYPE Check the license type(s) that you are requesting a duplicate.
- 9. <u>CHANGE MY NAME</u> Write your new legal name in the spaces provided. You must submit a copy of a government issued ID or legal document approving or indicating your name change, such as a marriage license, court petition for name change, or certificate of naturalization. You must submit a \$25 duplicate/update license fee with this application, if you want an updated license that shows your new name. (See item seven)
- 10. <u>CHANGE MY SALON NAME</u> Write your new salon name in the space provided. You must apply for a new salon license if there was a change in owners or the salon changed locations. You must submit a \$25 duplicate/update license fee with this application, if you want an updated license that shows the new salon name. (See item seven)
- 11. <u>CHANGE MY MAILING ADDRESS</u> Write your new mailing address in the spaces provided. This is the address where we will send you mail. This address can be a post office box.
- 12. CHANGE MY PHONE NUMBER Write your new phone number, including the area code.
- 13. <u>CHANGE MY EMAIL ADDRESS</u> Write your new email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
- 14. <u>DATE AND SIGNATURE</u> Date and sign your request form. Changes to your record cannot be made if your request is not signed.



## **COSMETOLOGY NOTICE OF CHANGE AND DUPLICATE LICENSE REQUEST**

DO NOT WRITE ABOVE THIS LINE DUPLICATE LICENSE FEE: \$25 (FEE IS NON-REFUNDABLE)						
PAYMENTS MUST BE IN THE FORM O		•		•	I E TO TOLD	
Name: (if applicable and as it appears on your cosmetolog		X 3 CHEC	K OK WONET	ORDER PATAB	LE TO TOLK.	
2. Social Security Number:		First	<u>t</u>	Middle Initial	Suffix (JR, SR, III)	
(See instruction sheet for disclosure information)						
3. Date of Birth:			4. Cosmetology or Salon License Number:		se Number:	
= Month Day	_ <b>-</b> Year				· · · · · · · · · · · · · · · · · · ·	
5. Salon Name: (If applicable and as it appears on your c		ense)	1			
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6. Notification of Change Only: (No Cost)	7. Duplicate License Request (\$25 Fee Required)					
☐ Notice of name change (documentation required)	☐ I am requesting a duplicate of my license					
☐ Notice of contact information change						
8. Check License Type(s):						
☐ Cosmetology Operator ☐ Esthetician		☐ Manicurist ☐ Hair B		☐ Hair Braider		
☐ Hair Weaver ☐ Eyelash Extension		☐ Esthetician/Manicurist ☐ Salon				
Cosmetology Instructor						
9. Change My Name: (Documentation required)						
Last		First	<del> </del>	Middle Initial	Suffix (JR, SR, III)	
10. Change My Salon Name:					<u> </u>	
11. Change My Mailing Address: (Used to receive	ve mail from TDLR) (	PO box is allow	ed for this address)			
Number, Street Name, Suite Number						
City Stat		Zip		Zip Code		
12. Change My Phone Number: 13. Change My			Address:			
(						
Area Code Phone Number  14. Date and Signature:	E-mail /	Address (Ex: john	doe@aol.com) See instruc	tion sheet for disclosure infor	mation)	
u.u o.gu.u.o.						
Date Signed				Signature of Licensee		